Sheet 1

BS02280

	Under the Paperwork Reduction Act of 1995, no persons		PTC/SB/08A (08-00) Approved for use through 10/31/2002. OMB 0651-0031 Approved for use through 10/31/2002. OMB 0651-0031 Approved for use through 10/31/2002. OMB 0651-0031 Approved for use through 10/31/31/31/31/31/31/31
1	Substitute for form 1449A/PTO	Complete If Known	
ı	INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many shoets as necessary)	Application Number	10/735,309
ı		Filing Date	December 12, 2003
l		First Named Inventor	Gray
		Group Art Unit	2611
ı		Examiner Name	Unknown

Attorney Docket Number

U.S. PATENT DOCUMENTS					
Examiner		U.S. Parent Document	Name of Patentee or Applicant	Data of Publication of	
Initials .	No."	Number (if known)	of Cited Document	Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		5,796,952	Davis et al.		
		5,872,588	Aras et al.	08-1998 02-1999	
		6,353,929	Houston, John S.	03-2002	
		8,434,747	Khoo et al.	08-2002	
	_				

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, lournet, senial, symposium, catalog, etc.), date, page(s), volume-base number(s), putsiener, or particle country havine publisher.)	T²		

Examiner /Shelton Austin/	Date Considered	03/06/2008
---------------------------	--------------------	------------

EXAMINER: Initial if reterence considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number, 2 Applicant is to place a check mark here if English language Transletion is attached.

Burden Now Statement: This form is estimated to bake 2.0 hours to compete. Time will vary depending upon the mends of the Individual case. comments on the mount of time very are required to complete this form should be such to the Chief allowance of Cliffice, U.S. Patient and Traide Office, Washington, DC 20231. DO NDT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commendation Patients, Washington, DC 20231.